

O.C.  
11/2/00  
AG

ISSUE SLIP STAMP (For additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MRW	73221	
U.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LAT WAT	63390 63390	11/25/99 11/25/00

Risp. F. Rev.

INDEX OF CLAIMS

- |   |                           |   |              |
|---|---------------------------|---|--------------|
| ✓ | Rejected                  | N | Non-elected  |
| □ | Allowed                   | I | Interference |
| — | Through numeral) Canceled | A | Appeal       |
| + | Restricted                | O | Objected     |

AVAILABLE COPY

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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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